

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055141 (4)

1. Corporation Name

MILES & SONS BUILDERS & CONTRACTORS, INC.



Principal Place of Business

4134 GULF OF MEXICO DR
207A
LONGBOAT KEY FL 34228
US

Mailing Address

P. O. BOX 8530
LONGBOAT KEY FL 34228
US

3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

4. FEI Number

65-0431701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ROBERTSON, WILLIAM E JR
720 S ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name TIRABASSI, E. ROLPH
82 Street Address (P.O. Box Number is Not Acceptable) ISIS RINGLING BLVD, SUITE 1000
83
84 City SARASOTA FL 85 Zip Code 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent signature requires verification)

DATE

02 April 96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILES, MICHAEL	
STREET ADDRESS	5320 GULF OF MEXICO DR /01	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILES, LISA	
STREET ADDRESS	5320 GOLF OF MEXICO DR., #101	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILES, PATRICIA A	
STREET ADDRESS	5320 GULF OF MEXICO DR #101	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILES, DARREN	
STREET ADDRESS	5320 GOLF OF MEXICO DR. #101	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MILES, PATRICIA A	
STREET ADDRESS	5320 GULF OF MEXICO DR. #101	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MILES.

4/17/96

941-383-0334

CR2E034 (12/95)